

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, AMANDA KAWNAK-DOWNS, now residing at 1205 Pioneer Road, Searcy, White County, Arkansas, do hereby nominate, constitute and appoint MELISSA R. PURVIS, of Olive Branch, Mississippi, my true and lawful attorney in fact, for me and in my name, place and stead and for my use and benefit, to ask, demand, sue for, recover, collect, and receive all such sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities, employee benefits, insurance benefits and demands whatsoever as are now or shall hereafter become due, owing, payable, or belonging to me and have, use, and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, arrests, distress, or otherwise, and to compromise and agree for the same and give acquittances or other sufficient discharges and releases;

For me and in my name to make, execute, and deliver, to bargain, contract, agree for, purchase, receive, and take lands, and all or any interest in property whether real or personal and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, release, convey, mortgage, and hypothecate lands, and all or any interest in property, real or personal, upon such terms or conditions and under such covenants as he or she shall think fit;

Also, to bargain and agree for, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares, and merchandise, choses in action and other property in possession or in action, and to make, do, and transact all and every kind of business of whatsoever nature and kind;

And, also, for me and in my name and as my act and deed to sign, seal, execute, deliver and acknowledge such deeds, leases, mortgages, hypothecations, bills, bonds, notes, receipts, evidence of debt, releases and satisfaction of mortgage, judgments and other debts, and such other instruments in writing of whatsoever kind and nature as may be necessary or proper in the premises all without regard to amount;

And also for me and in my stead, to contract for, establish, make withdrawals from or deposits to any bank account or savings or loan account or certificate of deposit or other cash or brokerage account of any manner or variety in my name; and to enter and have free access to any safe deposit box in my name for purpose of adding property thereto or removing property therefrom; to execute and deliver stock powers or other instruments required to facilitate the sale or disposition

THIS INSTRUMENT PREPARED BY:

Millar Gibson, P.A.
Attorney at Law
P.O. Box 1406
Searcy, AR 72145-1406
501-268-8226

Amanda Downs
5095 Wedgewood Dr
O.B.

of common or preferred stocks, or other securities of any kind.

GIVING AND GRANTING UNTO MY SAID ATTORNEY IN FACT, FULL POWER AND AUTHORITY TO DO AND PERFORM ALL ACTS NECESSARY, REQUISITE OR PROPER TO BE DONE IN AND ABOUT THE PREMISES AS FULLY AS I MIGHT OR COULD DO IF PERSONALLY PRESENT WITH FULL POWER OF SUBSTITUTION AND REVOCATION, HEREBY RATIFYING AND CONFIRMING ALL THAT MY SAID ATTORNEYS SHALL LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE HEREOF.

The undersigned further specifically provides that this Power of Attorney shall become effective as of the date hereof and pursuant to Arkansas Code Annotated §28-68-201, the undersigned does hereby specifically provide that this Power of Attorney shall not be affected by any period of subsequent disability or incapacity and any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representatives.

The undersigned does specifically provide that my said attorney in fact shall have full power to do and perform all such acts as aforesaid for and in my behalf in any state of the United States.

In addition to the authority hereinabove granted, my attorney in fact, is authorized in her respective sole and absolute discretion from time to time and at any time to exercise the authority described below relating to matters involving my health and medical care.

(1) **Medical Records.** To request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required to obtain such information, and to disclose or deny such information to such persons, organizations, firms or corporations as my attorneys in fact shall deem appropriate.

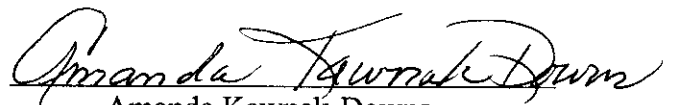
(2) **Health Care Personnel.** To employ and discharge health care personnel including physicians, psychiatrists, dentist, nurses, and therapists as my attorneys in fact shall deem necessary for my physical, mental and emotional well-being, and to pay them, or cause them to be paid, reasonable compensation.

(3) **Health Care Treatment.** To give, withhold, withdraw or modify consent to any medical health care procedures, tests or treatments, including surgery; to arrange for my hospitalization, convalescent care, hospice or home care; to summon paramedics or other emergency medical personnel and seek emergency treatment for me, as my attorneys in fact shall deem appropriate; to give, withhold, withdraw or modify consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, hospice or home care which I or my attorneys in fact may have previously allowed or consented to or which may have been applied due to emergency conditions.

(4) **Psychiatric Treatment.** To arrange, on the execution of a certificate by two independent psychiatrists who have examined me and in whose opinions I am in immediate need of hospitalization because of mental disorder, for my voluntary admission to an appropriate hospital or institution for treatment of the diagnosed problem or disorder; to arrange for private psychiatric and psychological treatment for me; and to revoke, modify, withdraw or change consent to such hospitalization, institutionalization or private treatment which I or my attorneys in fact may have previously given. The consent of my attorneys in fact to my hospitalization for psychiatric help, shall have the same legal effect, subject to applicable local law, as a voluntary admission made by me.

In connection with the exercise of the powers herein described, my attorney in fact is fully authorized and empowered to perform any acts and things and to execute and deliver any documents, instruments, affidavits, certificates and papers necessary or appropriate to such exercise or exercises.

IN WITNESS WHEREOF, I HAVE HEREUNTO SIGNED MY NAME THIS 10th
DAY OF October, 2005.

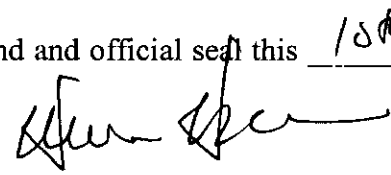

Amanda Kawnak-Downs

ACKNOWLEDGMENT

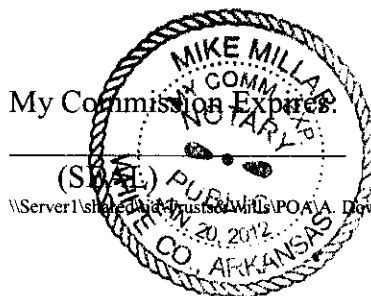
STATE OF ARKANSAS
COUNTY OF WHITE

On this 10th day of October, 2005, before me the undersigned, Notary Public, personally appeared Amanda Kawnak-Downs, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged that she executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 10th
October, 2005.



Notary Public



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